



Enjoying a healthy and safe summer

KUSAHC

Many readers may recall twentieth century composer George Gershwin's famous lyrics: "Summertime, and the living is easy..." While most Americans associate the upcoming summer season with outdoor fun - vacations, camp, cookouts, holidays, and a myriad of activities in warm sunny weather - they are less likely to think about the hidden dangers this fun might conceal.

Parents and children are reminded that proper planning and safety awareness will ensure that this summer will be a happy memory maker.



Limiting sun exposure

More than one million cases of skin cancer are diagnosed annually in the United States; 20 people die of skin cancer every day.

Dermatology experts report that 90 percent of these skin cancers are attributed to cumulative sun exposure.

The incidence of all types of skin cancers continues to increase in young people; this trend is especially worrisome to pediatric and dermatology experts.

Since the risk of developing skin cancer is doubled if a person has had five or more sunburns in a lifetime,

and the risk of life-threatening melanoma is doubled with just one blistering sunburn in childhood, it is imperative to prevent sun exposure in children as well as to acquire good preventive habits for a lifetime of sun safety.

Skin cancers can be prevented by limiting sun exposure. Both the American Academy of Dermatology and the American Academy of Pediatrics recommend three simple measures: avoid exposure during peak hours of 10 a.m. to 4 p.m. (shade or indoors); protect the skin with clothing (cotton), and a cap with a forward-facing brim; and use sunscreen generously.

The AAP also suggests that children wear sunglasses; check the label for ones which will block at least 99 percent of UV light. Sunscreen should be applied thoroughly to all sun-exposed areas about 30 minutes prior to going outside, and re-applied every two hours. Additional sunscreen should be rubbed on after sweating or swimming. Use caution around reflective surfaces, such as water, which can reflect most of the sun. High altitudes will intensify the sun's rays; clouds will permit damaging sunlight as well.

The AAP states that sunscreens marked SPF 15 are sufficient if applied according to the above parameters. Products should be waterproof and broad-spectrum (blocking UVA and UVB), and children should use products designed for them. Caution should be used in applying sunscreens to infants under six months. The AAP

also recommends the application of zinc oxide to the nose, cheeks, tops of the ears and other areas often missed by sunscreen lotions.

A special word of caution is extended to teenagers involving the use of tanning beds or booths. The risk of developing melanoma is increased by 75 percent in persons who use tanning facilities before the age of 35. These individuals are also more than twice as likely to develop the less aggressive skin cancers. Since newer sunlamps can be 15 times more powerful than the sun's rays this practice is especially dangerous.



Practicing water safety

Many Families visit local beaches or community swimming pools during the hot Maryland summer or take advantage of opportunities for boating and other water sports. Parents should remember that children should be supervised at all times when in or around the water.

Inflatable swim rings or water wings are not safety devices and may cause children to venture into deeper waters. Coast Guard approved Personal Flotation Devices should be worn by all persons at all times while enjoying Maryland waterways.

As with motor vehicles, drinking

and piloting a boat make for a dangerous combination.



Fireworks

Independence Day celebrations can provide wonderful Family memories, but can also be associated with unwanted trips to the emergency room or serious injuries.

Due to the hazards of combustibles, fireworks demonstrations are best left to the experts in community venues.

Almost half of home fireworks accidents involve children. Additionally, more home fires on July 4th are caused by fireworks than by any other cause.

As fireworks injuries are preventable, the AAP recommends that parents resist the temptation to purchase fireworks for backyard displays.

Many Maryland counties, including Harford, prohibit the use of fireworks at home.



Biking safely

Bicycling is great exercise

for the whole Family. At a time when childhood obesity is a significant problem in this country, Family bike outings provide inexpensive quality Family time and lots of great exercise. Cyclists are reminded that all riders must wear helmets. Studies have shown that the most important factor in teaching children to always don their helmet is the example set by their parents. If parents wear helmets, children will also.



Heat safety

Vigorous outdoor exercises should be limited when the heat and humidity are high. Fluids should be replenished often, about a cup of water every 20 minutes for an active teen, or 5 ounces for a smaller child. Children should be well-hydrated before the start of active play. Light colored loose fitting cotton clothing should be worn on hot days.

For more information on summer safety, readers are directed to www.aap.org, www.skincancer.org or www.cdc.gov.

Rapid access to care for Warriors in Transition

Story by
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U.S. Army Medical Command

Army hospitals will provide routine tests and treatment more rapidly for Warriors in Transition and Soldiers within 90 days of deploying or within 180 days of return from deployment, according to a U.S. Army Medical Command policy memorandum issued May 30.

The new policy shortens the access to care standards for routine primary care from seven days to three working days, and for specialty care from 28 days to seven working days (three working days in some cases of initial specialty care). It also establishes standards of seven days for diagnostic tests and 14 days for medically indicated non-emergency surgeries required to reach optimum medical

benefit or fitness for duty status.

The access to care standard for urgent care remains 24 hours.

Warriors in Transition are defined as Soldiers who meet the qualifications for medical hold, medical holdover or active duty medical extension; and Active Component Soldiers who require a medical evaluation board or have complex medical needs requiring more than six months of treatment. The term does not normally apply to Soldiers in initial entry training, advanced individual training or one station unit training.

Warriors in Transition are to receive an initial evaluation screening within one working day after entering a Warrior Transition Unit, the organizations that provide command and control

support for such Soldiers at Army hospitals.

"This population has a need for expedited medical care," said Maj. Bill Judd, senior health policy analyst in Medical Command's Directorate of Health Policy and Services. "We want to quickly return these Soldiers to duty, or transition them to civilian life. We developed this policy to ensure soldiers can rapidly access the care they need."

Every Army hospital now will dedicate at least one physician to the medical evaluation board process, which determines if injured Soldiers meet standards to remain in the Army. Warriors in Transition will be assigned primary care managers and nurse care managers, and at some facilities social workers, to help them complete their treat-

ment and navigate the health-care system. Physical Evaluation Board Liaison Officers, who counsel Soldiers undergoing physical disability evaluation, will be certified through standardized training.

"We understand that to speed these Soldiers through the system and also meet access standards for other beneficiaries, we might have to refer more patients to network civilian providers," Judd said.

Soldiers' Families or retired service members who cannot be seen at a military facility receive subsidized care through the TRICARE network of more than 220,000 civilian health-care providers and 55,000 retail pharmacies.

The changes should be in effect by the end of July.

Easy access to Medical Evaluation Board information

Story by
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Injured Soldiers whose military futures are being considered by Medical Evaluation Boards now have a means to track the process and ensure accuracy of relevant information through the MyMEB page on Army Knowledge Online, the Army's Internet information network.

Medical Evaluation Boards are conducted at medical treatment facilities to determine if injured Soldiers meet medical retention standards set in Army Regulation 40-501. MEBs differ from Physical Evaluation Boards, which are conducted for the Army by Human Resources Command to determine if Soldiers can continue to serve and, if they cannot, to what disability benefits the

Soldiers are entitled.

"This will provide Soldiers with an easy tool to view the progress of their own boards," said Michael P. Griffin, deputy director of U.S. Army Medical Command's Patient Administration Division.

MyMEB can be reached online at <https://www.us.army.mil/suite/page/417118> using a Soldier's AKO user identity and password. Individual board information will be available only with matching Social Security number.

Data is automatically downloaded onto the site from the Medical Evaluation Board Internal Tracking Tool, or MEBITT, database. A Soldier can verify dates of physical exams and consults, or when reports and appeals have been initiated or approved. Down the left side of the screen are information links to explain the

MEB process and terminology.

If a Soldier finds something inaccurate or questionable in the information, he or she should call it to the attention of the assigned Physician Evaluation Board Liaison Officer who is listed at top right on the screen.

MyMEB was developed by medical, information management and administrative personnel to address a perceived need for Soldiers to know more about the MEB process and how it affects them. A focus group of injured Soldiers at Walter Reed Army Medical Center helped evaluate and fine tune the site.

A limited release of the MyMEB occurred on June 15. This limited release was designed to solicit feedback from a focus group of injured Soldiers prior to full release.

Prevention

From front page

female friend to accompany them," she said.

The Department of the Army released a proclamation last April during Sexual Assault Awareness Month. The proclamation stated that sexual assault is a crime and contrary to Army values and mission readiness. Leaders and Soldiers have the responsibility to prevent and reduce the associated risks of sexual assaults from occurring in their units and work environment.

When reporting sexual assault, the Army has restricted and unrestricted reporting for active duty Soldiers, according to James. This gives a victim the choice for making a complaint without going directly to law enforcement officials. However, it is important who the victim talks to regarding an incident of sexual assault.

"A restricted report provides confidentiality to the victim without making a complaint to law enforcement," James said. "The victim can make a restricted report to medical authorities, the Chaplain, Unit Victim Advocate and the Sexual Assault Response Coordinator. However, if the victim reports an incident to their commander, the commander is then obligated to notify CID. If the victim tells their best friend and the friend notifies law enforcement, an investigation will be initiated."

If a victim wants to report a sexual assault to law enforcement it should be done as soon as possible after the assault. Victims can notify Military Police, civilian police, their chain of command or CID directly. The victim should remember to preserve as much evidence as possible.

CID officials recognize how traumatic and difficult a sexual assault can be for victims, but at the same time stress how

vital evidence can be.

"It is very important for us to obtain as much information and evidence as possible and as soon as possible," said James. "The victim should not shower, or brush their teeth or touch or disturb anything at the crime scene. If possible, it's important a victim writes down every detail they can remember right away."

"If the victim has sustained an injury, they should seek immediate medical attention and let the medical personnel contact the appropriate law enforcement agency," said James.

"Bottom line, we want to do everything possible to ensure we bring to justice anyone who has committed a sexual assault and more importantly we want to help prevent it from happening in the first place," she said.

For more information on policy, prevention and training, visit the CID Web site, www.cid.army.mil, and click on the Victim's Assistance link.

Minimizing the chance of becoming a victim

Provided by CID and the National Crime Prevention Council

- Be aware of surroundings — who's out there and what's going on.
- "Being prepared" means staying in groups, traveling with a buddy and knowing there is safety in numbers.
- Never leave a house key at an auto repair shop with a car key.
- Walk with confidence. The more confident a person looks, the stronger they appear.
- Always safeguard personal information.
- Remember: "No" means "No." If an individual does not want to be intimate with another person, tell him or her clearly. Use a confident voice and body posture.
- Match body language to words - don't laugh and smile while saying "No."
- Do not just "go along" for the wrong reasons.
- Watch out for warning signs or "red flags" from a partner in intimate situations.
- Don't let drugs or alcohol cloud or hinder judgment.
- Be assertive — don't let anyone violate individual space.
- Don't prop open self-locking doors.
- Watch keys. Don't lend them. Don't leave them. Don't lose them. And don't put

name and address on the key ring.

- Use the buddy system, especially if going out at night and alcohol is to be consumed.
- Watch out for unwanted visitors. Know who's on the other side of the door before opening it.
- Be wary of isolated spots, like underground parking garages, offices after business hours, and apartment laundry rooms.
- Avoid walking or jogging alone, especially at night. Vary route. Stay in well-traveled, well-lit areas.
- Have key ready to use before reaching the door — home, car or work.
- Park in well-lit areas and lock the car, even if only for a few minutes.
- Drive on well-traveled streets, with doors and windows locked.
- Never hitchhike or pick up a hitchhiker.
- Keep the car in good shape with plenty of gas in the tank.
- In case of car trouble, call for help on a cellular phone. If a phone is not available, put the hood up, lock the doors, and put a banner in the rear mirror that says, "Help. Call police."